MARYLAND STATE HIGHWAY ADMINISTRATION SPECIAL EVENT PERMIT

PRELIMINARY DATA SHEET

Event:					
Start Date:					
Start Time:		End Time:			
Purpose/Typ Sponsor:	e				
Contact:		Daytime Phone:			
		Evening	Phone:		
	Email Address:				
No. of Partici	pants:	No. of Vehicles:			
Proposed Ro	ute:				
Written Descrip	tion)				
	PLEASE ATT	ACH A MAP OF YOUR ROUT			
PLEASE CHE	ECK ALL OF THE COUNTIES	THROUGH WHICH YOU	J WILL BE PASSING		
DISTRICT 1	Dorchester County □	Somerset County			
	Wicomico County	Worcester County			
DISTRICT 2	Caroline County □	Cecil County	Kent County □		
	Queen Anne's County	Talbot County □			
DISTRICT 3	Montgomery County □	Prince George's County □			
DISTRICT 4	Baltimore County □	Harford County □			
DISTRICT 5	Anne Arundel County	Calvert County			
	Charles County □	St. Mary's County			
DISTRICT 6	Allegany County □	Garrett County □	Washington County		
DISTRICT 7	Carroll County □	Howard County	Frederick County		
Will you be	occupying all or part of	a highway travel lan	ie?		
fso where?					
11 30, WHOIC.					

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SIGNATURE SHEET

SPONSOR'S ACKNOWLEDGEMENT

I/We hereby affirm that the **SPONSOR** of this **EVENT** and all **PARTICIPANTS** will comply with the Laws of the State of Maryland and any applicable county and municipal statutes and ordinances and will adhere to the terms and conditions set forth in this **PERMIT**. My/Our signature(s) below confirm that the **SPONSOR** and all **PARTICIPANTS** agree to hold harmless from any liability, incurred by them or to others associated with this **EVENT**, the various governmental agencies providing assistance for this **EVENT**. The **SPONSOR** may be required to obtain Liability and Property Damage Insurance with limits of at least \$300,000 per incident/\$1,000,000 aggregate.

SPONSOR:			
	PLEASE PRINT NAME		
REPRESENTATIVE:			
	PLEASE PRINT NAME		
SIGNATURE:	DI FACE CICN		
	PLEASE SIGN		
TERMS AND CONDITION	NS		
1) This EVENT shall adhe	ere to the route, number	of participants and vehic	eles (not more
	the numbers on this Per	mit), date(s) and times sh	
A) == 0			
2) The SPONSOR shall en	sure that the approved	TRAFFIC CONTROL PLAN	is followed.
3) Additional stipulations	ç·		
5) Additional supulations			
AGENCY APPROVALS			
Local Government ():		
	SIGNATURE	PRINTED NAME	DATE
Local Government ():		
	SIGNATURE	PRINTED NAME	DATE
I1 C (١.		
Local Government (SIGNATURE	PRINTED NAME	DATE
Maryland State Police:	SIGNATURE	PRINTED NAME	DATE
	SIGIVITORE	TREATED WAND	DITTE
State Highway Administra			
	SIGNATURE	PRINTED NAME	DATE